

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

ELIG

0190

1st Digit = Medi-Cal/CMSP/Other Eligible Status 0191

- 0 Full Scope Medi-Cal Eligible (includes zero SOC) with no conditions (refer to 3 below for conditions)
- 1 Full Scope Medi-Cal LTC/SOC Eligible (i.e., Share of Cost to be met by LTC claim)
- 2 LTC/SOC Eligible with one or more conditions (refer to 3 below for conditions)
- 3 Eligible with one or more conditions - Certified SOC, Restricted Services, Minor Consent, CMSP Coverage, Limited Scope Medi-Cal Coverage and/or Partial Health Care Plan (HCP) Coverage
- 4 Medi-Cal Eligible with Full Service Medi-Cal HCP Coverage
- 5 Medi-Cal or CMSP Client with an Unmet Share of Cost Obligation (Uncertified SOC)
- 6 Eligible for a Health or Welfare Program other than Medi-Cal or CMSP services (i.e., SLMB, QDWI, Out-of-State Foster Care, Unborn, Families, County MI Program, CHDP)
- 7 Hold
- 8 QMB pending Medicare part A & B confirmation
- 9 Ineligible

2nd Digit = Normal/Exception Eligibility

0192

- 0 Normal eligible
- 1 Unconfirmed Immediate Need eligible reported more than 1 month prior
- 2 Unconfirmed Immediate Need eligible reported 1 month prior
- 3 Unconfirmed Immediate Need eligible reported in current month
- 4 Forced eligible due to late termination
- 5 Partial Month Eligibility (Healthy Families, etc.)
- 7 Exception eligible
- 8 Forced eligible from MEDS hold
- 9 Full Month Eligibility (Healthy Families, etc.)

3rd Digit = Timeliness/Misc. Information

0193

- 1 Regular eligible reported timely
- 2 Regular eligible reported retroactively
- 3 3 month retroactive eligible
- 4 Continuing eligible reported timely
- 5 Continuing eligible reported retroactively
- 6 Ramos/Pickle/IHSS/Other Extended eligible
- 7 Aid Paid Pending Ramos/Myers
- 8 Hold from LTC/SOC status
- 9 Ineligible or Regular hold

ABAWD

1359

Able-Bodied Adults Without Dependents

- 0 Not ABAWD
- 1 ABAWD

ADDRESS FLAG

0305

Good Deliverable Address

- A Address certified via Finalist
- * C County Override, not certified via Finalist
- D Presumed mailable; Finalist changes unreliable
- W BIC mailed - previously A
- X BIC mailed - previously C
- Y BIC mailed - previously D

Presumed Deliverable Address

- Blank Failed Finalist; presumed mailable
- 0 BIC mailed - previously Blank

Considered Undeliverable Based on Returned Mail

- 1 BIC returned - previously 0
- 5 BIC returned - previously W
- 6 BIC returned - previously X
- 7 BIC returned - previously Y
- 9 NOA returned - previously Good Deliverable or Presumed Deliverable Address

Considered Undeliverable For Other Reasons

- 2 Failed MEDS validation edits
- 3 Foster Care Assistance terminated
- * 4 Residence address but not a mailable address
- * 8 General residence area for a homeless client

* These are the only valid input values (4 and 8 apply only to a residence address)

Finalist is the MEDS address certification software.

NOTE: Address Flag should only be input when the Finalist standardized address is incorrect (and needs to be overridden) (value C) or for a residence address when it is considered undeliverable (value 4 or 8).

ALIAS/SSA-NAME-CODE

9035

- 0 Name and Birthdate validated via the SSA Referral Process
- 1 Name reported by a County as a Social Security name
- 2 Other alias name
- 3 Name did not match SSA records for SSN
- 4 Name reported as birth certificate name
- 8 Name and Birthdate validated via a prior Validation/Referral process
- 9 Name and Birthdate validated via the State/SSA Validation process

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

ALIEN-ELIG-CODE

2033

- * **1** Refugee admitted under section 207 of the INA
- * **2** Deportation withheld under section 243(h) or 241(b)(3) of the INA
- * **3** Lawful Permanent Residence (LPR) with 40 work quarters
- 4** LPR Alien on active duty in the military or an honorable discharged veteran
- 5** LPR spouse or unremarried surviving spouse of active duty military/veteran
- 6** LPR dependent child of active duty military/veteran
- 8** Amerasian admitted to the U.S. as a Lawful Permanent Resident
- 9** Aliens who have been battered or subjected to extreme cruelty and meet the conditions necessary to be considered a Qualified Alien
- * Federal (SDX) input only

APPLICATION-FLAG

3024

County Applications

- C** Consortia Conversion Transaction-not a new app
- D** CWD Annual Reevaluation, HF app referral
- E** CWD Other than annual reevaluation, HF app referral
- G** Pending app, general relief benefits, includes Medi-Cal
- N** Pending app, No Medi-Cal, No general relief
- O** Pending app, general relief benefits, No Medi-Cal
- P** Pending app, Includes Medi-Cal, No general relief

HF/SPE Applications

- B** Pending app, Includes Medi-Cal and Healthy Families (HF), from HF/SPE
- H** Pending app, includes HF, from HF/SPE
- R** HF Annual Reevaluation, Medi-Cal app referral
- S** Pending app, includes Medi-Cal, from HF/SPE
- T** HF Other than annual reevaluation, Medi-Cal app referral
- Z** Pending app, No Medi-Cal, No HF, from HF/SPE

Other Applications

- I** IEVS Inquiry only – not a new application
- M** Pending app, includes Medi-Cal, from MEB
- W** Pending CHDP Gateway application

APPLICATION-STATUS

3050

Values for reporting status of a pending application

- A** Incomplete
- B** No signature
- C** Failure to provide information
- D** Pending disability determination
- E** Misrouted – returned to referring entity
- F** Fair Hearing
- G** Diligent Search
- R** Referred to another entity
- S** Received from another entity
- T** SLP Express Enrollment Eligible
- U** SLP Express Enrollment Eligibility Not Determined
- V** SLP Express Enrollment Ineligible

MEDS Generated Values (not valid for input)

- 1** Approved
- 2** Denied
- 3** Erroneously reported application

BIRTHDATE-VER

0128

- C** Client Reported
- G** Guess (i.e. comatose, abandoned baby)
- S** Verified per Reporting System

BUY-IN-ELIG-CD

0832

- A** aged recipient of Federal SSI payments
- B** blind recipient of Federal SSI payments
- C** entitled to Part A of Title IV (AFDC)
- D** disabled recipient of Federal SSI payments
- E** aged recipient of supplemental payment administered by SSA
- F** blind recipient of supplemental payment administered by SSA
- G** disabled recipient of supplemental payment administered by SSA
- H** aged, blind, or disabled recipient of a one time payment
- L** Specified Low Income Medicare Beneficiary (SLMB)
- M** entitled to Medical Assistance Only (MAO) – (non-cash recipients who are not QMBs)
- N** none (default value)
- P** Qualified Medicare Beneficiary (QMB)
- U** Qualifying Individual 1 (QI-1)
- Z** deemed categorically needy

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

CLIENT DATA RECON CHANGE SOURCE 4259

See QD screen under **CLIENT-CHG-SOURCE**

- A** Application
- E** County, Other than Food Stamps
- F** County, Food Stamps
- G** CCS/GHPP
- H** Healthy Families
- M** Medi-Cal Eligibility Branch
- O** Other DHS Entity
- P** Provider reported Gateway eligibility
- R** Reconciliation update
- S** Single Point of Entry
- X** SDX

DEATH-CD (Source of Death Information) 2019

- B** Medicare Buy-In System
- C** CWD reported Death Date
- M** Medi-Cal Eligibility Branch
- O** Other State/County Health Program
- P** County Pickle status update
- R** Returned card
- S** SSA SSI/SSP update
- T** CWD reported Death Term Reason
- V** Vital Records System

DENIAL-REAS (Denial Reason) 3029

- A** Client Deceased
- B** Application Withdrawn
- C** Moved Out of State
- D** Loss of Contact/Unable to Locate Applicant
- E** Failure to Cooperate
- F** Does Not Meet California Residency Requirements
- G** Excess Resources
- H** No Program Linkage
- * **I** Potential State Only Program Eligible did not apply for ongoing Medi-Cal
- J** No Deprivation
- K** Living in a Public Non-Medical Institution
- L** Existing AFDC/Medi-Cal/CMSP Recipient
- M** Existing SSI/SSP Recipient
- N** Receiving Medicaid in Another State
- P** Duplicate Pending Application
- Q** IE/RR terminates accelerated enrollment (MEDS Generated)
- R** Other
- S** Applicant can't apply for the person on the application
- Y** Erroneously Reported Application
- Z** No Valid Data Reported (MEDS Generated)
- ** **1** Premium Not Paid
- ** **2** Income Does Not Meet Requirements
- ** **3** Home Address State Missing or Invalid
- ** **4** End Date for Employer Sponsored Insurance Missing or Invalid
- ** **5** Child is Eligible for Medicare Part A and B
- ** **6** Funding Not Available
- * **7** Child age 19 or over not eligible for HFP
- * *Values applicable only to MEB applications*
- ** *Values applicable only to Healthy Family applications*

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

ESAC (Eligibility Status Action Code) **9109**

Continuing Eligibility Periods

- 1 New Eligible
- 2 Active Client Eligible Update
- 3 Linked Program Eligible – Declined Medi-Cal
- 4 Exception Eligible

Closed Eligibility Periods

- 6 New Eligible
- 7 Active Client Eligible Update
- 8 Linked Program Eligible – Declined Medi-Cal
- 9 Exception Eligible

Other Eligibility Updates

- 0 (ZERO) County Confirmed Immediate Need SSI/SSP Eligible
- A Unborn
- B Hold, questionable eligibility

Recon Generated Hold on MEDS

- K Recon Hold – On MEDS, Not on County
- L Recon Hold – Key field discrepancy in County-ID or Birthdate
- M Recon Hold – Critical eligibility errors on county transaction
- N Recon Hold – Duplicate county records received

Legacy System Only

- F QMB pending part A confirmation (obsolete – will be treated by MEDS like ESAC 1)
- P Pending application
- Q Drop pending change
- R Release hold

ETHNIC **0115**

- 1 White
- 2 Hispanic
- 3 Black
- 4 Asian or Pacific Islander
- 5 Alaskan Native or American Indian
- 7 Filipino
- 8 No Valid Data Reported (MEDS generated)
- 9 No response, client declined to state
- A Amerasian
- C Chinese
- H Cambodian
- J Japanese
- K Korean
- M Samoan
- N Asian Indian
- P Hawaiian
- R Guamanian
- T Laotian
- V Vietnamese
- Z Other

GOVT-RESP **0125**

Identifies the entity that has primary responsibility for current and/or history eligibility.

- 1 County Welfare Department (CWD) or MEB controlled eligibility, other than Food Stamps
- 2 Federal or State controlled Federal continuing
- 3 Terminated Federal record
- 6 Other than 1, 2, 3 or 9 – May have Food Stamps, IE/RR, CCS, GHPP, and/or Healthy Families
- 9 Frozen Record

HCPn-STAT (HCP Status) **1019**

- 00 Voluntary disenrollment - No capitation paid
- 01 Active enrollment - Capitation paid
- 05 HCP hold due to recipient Medi-Cal ineligibility - No capitation paid
- 09 Mandatory disenrollment - No capitation paid
- 10 Voluntary disenrollment - Capitation recovery required
- 19 Mandatory disenrollment - Capitation recovery required
- 40 Voluntary disenrollment occurred before enrollment became effective
- 49 Mandatory disenrollment occurred before enrollment became effective
- 51 Enrollment activated from HCP hold or unmet SOC - Supplemental capitation to be paid at end of month
- 55 Potential plan member - unmet SOC
- 59 HCP hold due to HCP coverage limits - No capitation paid (see HCP Reason)
- P4 Pending enrollment - Application accepted
- S0 Voluntary disenrollment - Capitation recovery processed
- S1 Active enrollment - Supplemental capitation paid
- S9 Mandatory disenrollment - Capitation recovery processed

SPECIAL CONSIDERATION FOR HCP STATUS:

'51' is updated to 'S1' when RENEWAL initiates payment of capitation.

'10' and '19' are updated to 'S0' and 'S9' after RENEWAL initiates recovery of capitation.

MEDS RENEWAL terminates an HCP enrollment effective current month after two consecutive months of HCP hold.

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

HCPn-REAS (HCP Reason) *Reason for HCP hold status '59'*

1004

- A** Aid code not covered
- C** County not covered
- H** OHC exclusion
- Z** ZIP Code not covered

HCPn-TYPE

- C** COHS (County Organized Health System)
- D** Dental
- H** HMO (Health Maintenance Organization)
- M** Medical (future use)
- O** Other

HEALTH INSURANCE SYSTEM: **Scope of Coverage**

<u>COVERAGE CODE</u>	<u>SERVICE</u>
D	Dental
I	Hospital Inpatient
L	Long Term Care
M	Medical and Allied Services
O	Hospital Outpatient
P	Prescription Drugs
R	Medicare Part D
V	Vision Care

If coverage unknown, OHC is regarded as comprehensive -
Provider must bill OHC carrier for all services.

Order on HIS is as follows: O I M P L D V R

LANGUAGE (Spoken Language) (Written Language)

0120**0121**

- * **0** American Sign Language (ASL)
- 1** Spanish
- 2** Cantonese
- 3** Japanese
- 4** Korean
- 5** Tagalog
- 6** Other Non-English
- 7** English
- 8** No Valid Data Reported (MEDS generated)
- 9** No response, client declined to state
- * **A** Other Sign Language
- B** Mandarin
- C** Other Chinese Languages
- D** Cambodian
- E** Armenian
- F** Ilacano
- G** Mien
- H** Hmong
- I** Lao
- J** Turkish
- K** Hebrew
- L** French
- M** Polish
- N** Russian
- P** Portuguese
- Q** Italian
- R** Arabic
- S** Samoan
- T** Thai
- U** Farsi
- V** Vietnamese

* Not valid values for 0121 Written Language

MEDICAID ELIGIBILITY CODE

0698

- C** Confers 1619B eligibility - free Medicaid
- G** Goldberg-Kelly eligibility - timely appeal with SSA
confers both SSI/SSP payment and free Medicaid
- R** Referred to county

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

MEDICARE

- 1st Digit = Part A (Hospital)
 2nd Digit = Part B (Medical)
 3rd Digit = Part D (Prescription Drug)

1st and 2nd Digits **4849**

0 or Blank No coverage

- 1** Paid for by beneficiary
2 Paid for by State Buy-In
3 Free (Part A only)
4 Paid by other State (Part B only)
5 Paid for by Pension Fund
7 Presumed eligible
9 Aged alien ineligible for Medicare

3rd Digit **4869**

0 or Blank No Coverage

- 1** Approved Low Income Subsidy Status
2 Beneficiary is eligible for Part D
3 Beneficiary deemed Low Income Subsidy eligible
7 Presumed eligible
9 Beneficiary has refused Part D

Note: Medicare Status Values "6" and "8" (for Parts A & B) are no longer valid values. Medicare Status Value "7" will no longer be assigned as of 09/26/2006.

NOA-LANGUAGE-SOURCE **4028**

- W** MEDS Written Language
S MEDS Spoken Language

NOA-LANGUAGE-TYPE **4026**

- 1** English-Only NOA mailed to the recipient
2 English plus 11 languages (booklet) mailed to the recipient

NOA-STATUS (Notice of Action Status) **4029**

- 1** Mailed
2 Undeliverable (Bad Address on MEDS)
3 Returned
4 Re-mailed

NOA-TYPE (Notice of Action Type) **2049**

4025

- 01** Excess Income
02 Persons in Long-Term Care
03 Extended Medi-Cal Eligibility
04 Loss of Residence
05 Deceased
06 Loss of Contact
07 Other
08 Deceased Persons – Returned Card
09 County Eligible
10 Extended Medi-Cal Eligibility: Disabled Adult Child
11 Deceased Persons – State Registrar
12 Disabled Widow(er)s
17 Disabled Medi-Cal, Later Not Found Disabled by SSA
18 Qualifying Individual – 1 (QI-1)
19 Qualifying Individual – 2 (QI-2)
22 Non-Grandfathered NLD/Blind (second notice)
23 All NLD/Blind (final notice)
26 All NLD/Blind (first notice)
27 Grandfathered NLD/Blind (second notice)
28 All NLD/Blind rescission of county termination
29 Grandfathered NLD/Blind (one-time)
51 Extended Medi-Cal Eligibility: 503 Leads – Pickle
60 MMA Reduction of Benefits

Note: NLD/Blind = No Longer Disabled/Blind

OHC **1109**

Pay and Chase OHC / Post Payment Recovery

- A** Any carrier (includes multiple coverage)

Cost Avoidance OHC

- C** Champus Prime HMO
D Medicare Part D
F Medicare RISK HMO
K Kaiser
L Dental only policies
P PHP/HMO's & EPO (Exclusive Provider Option) not otherwise specified
V Any carrier (other than the above, includes multiple coverage)
9 Healthy Families

Other OHC Related Codes

- N** None
O Override - Used to remove cost avoidance OHC codes posted by DHS Recovery (OHC-Source of H, R, or T) --- changes OHC to A

Note: Previously used OHC values listed separately

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

OHC-SOURCE

1129

- A** Update from SPE Accelerated Enrollment (AE)
- C** or **Blank** County Welfare Department (CWD)
- F** Healthy Families (HF) Administrative Vendor
- G** CMS-Net/GHPP System
- H** Update from Other Health Coverage Recovery
- M** MEDS assigned from the OHC update logic
- O** CHDP Gateway Override
- P** Provider Initiated AE
- R** Batch update from the Other Health Coverage Master file
- S** Update from SSI/MEB
- T** Insurance information exchange with carrier
- U** Unknown (indicates problem in MEDS OHC logic)
- X** OHC '9' changed to 'A' based on Foster Care eligibility

OHC - Previously used values

- Pay and Chase OHC
- M** Two or more carriers
- X** Blue Shield
- Z** Blue Cross
- Cost Avoidance OHC
- B** Blue Cross
- E** Aetna
- G** General American
- H** Mutual of Omaha
- I** Metropolitan Life
- J** John Hancock
- S** Blue Shield
- T** Travelers
- U** Connecticut General/Equicor/Cigna
- W** Great West Life
- 2** Provident Life and Accident
- 3** Principal Financial Group
- 4** Pacific Mutual Life
- 5** Alta Health Strategies
- 6** AARP
- 8** New York Life

Note: When "D" was redefined to be the valid value for Medicare Part D, any existing Prudential "D"s were converted to "V" if an active HIS segment existed, and to "N" if no active HIS segment existed.

PAYMENT STATUS CODE

0625

*Common SSI/SSP Payment Status Codes
See QX screen under **Payment Status***

- C01** Current pay
- E01** Eligible but no payment due (many times these are in LTC)
- N01** Nonpay recipient's countable income exceeds Title XVI payment amount and his/her state's payment standard
- N02** Nonpay recipient is inmate of public institution
- N03** Nonpay recipient is outside USA
- N04** Nonpay recipient's non-excludable resources exceed Title XVI limitations
- N07** No longer disabled
- N10** Failure to comply with approved drug or alcohol treatment plan
- N11** Benefit sanction month because of failure to comply with approved treatment plan
- N13** Not a citizen or is an ineligible alien
- N22** Inmate of a penal institution
- N23** Not a resident of the USA
- N24** Claimant has been convicted of a felony of fraudulently misrepresenting residence
- N25** Claimant is a fugitive felon or parole/probation violator
- S06** Suspended - Recipient's address unknown
- S08** Suspended - Representative payee development pending
- T01** Terminated - Death of recipient
- T30** Terminated (manual termination) sort of an "other" category
- T31** Terminated (system generated termination) sort of an "other" category
- T33** Terminated (manual termination) No previous payment made (will eventually Replace T30)

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

PICKLE

Identifies Special SSI/SSP Client Status
1st byte - see Pickle Type 2nd byte - see Pickle Status

PICKLE TYPE

2031*First digit on QM screen Pickle*

Potential Pickle Eligibles

- A** Potential Pickle based on aid code
- C** COLA terminated SSI/SSP eligible
- M** Potential Pickle moved into state
- P** Potential Pickle identified by county
- T** Terminated SSI/SSP recipient also receiving Title II benefits

SSP Reduction Eligibles

- S** 5.8% beneficiaries 1992
- R** 2.7% beneficiaries 1993
- Q** 2.3% beneficiaries 1994
- V** 4.9% beneficiaries 1995

No Longer Disabled (NLD) Eligibles

- D** No Longer Disabled (NLD) adult or child

Exception Eligibles

- I** Terminated IHSS recipient
- T** Terminated SSI/SSP recipient – Disabled Adult Child
- W** Terminated SSI/SSP recipient – Disabled Widow(er)s
- X** Terminated SSI/SSP recipient

Note: M and P are county reported, all other types are MEDS generated. A, M and P are removable (can be changed by the county).

PICKLE STATUS

2032*Second digit on QM screen Pickle*

- 0** No update received (MEDS generated)
(Only records coded with 'C0' are included on 503 Leads Report. When a county reports LTC aid codes or term reasons 01 (death) or 98 (whereabouts unknown), the 'C0' stays on MEDS but the record goes off the 503 Leads Report.)
- 1** Potential Pickle eligible (also posted by MEDS if Pickle aid code reported)
(Used with EW60 to remove a Potential Pickle from 503 Leads and onto Pickle Tickler. Can change C2's and C3's back to C1.)
- 2** Recipient requested not to be contacted
(Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)
- 3** Loss of contact/whereabouts unknown
(Used to remove Potential Pickle from 503 Leads and onto Pickle Tickler.)
- 4** Grandfathered No Longer Disabled (NLD) child
- 5** Non-Grandfathered No Longer Disabled (NLD) adult or child
- 7** Remove erroneously reported Potential Pickle (Pickle Type A, M or P)
- 8** Immediate Need SSI/SSP card issued pending SSA eligibility confirmation (MEDS generated)
- 9** Deceased
(Places Death Source of P and Death Date which is filled in with the date the death was posted, doesn't change Pickle Status)
- L** Terminated SSI/SSP recipient in Long Term Care

NOTES:

- PICKLE STATUS **4** and **5** are associated only with PICKLE TYPE **D**.
- PICKLE TYPE **S**, **R**, **Q**, and **V** will only show PICKLE STATUS **0**.
- ✳ 503 Leads - Includes persons who are terminated from SSI/SSP at the end of December due to the Title II COLA
- ✳ Pickle Tickler - Persons who must be tracked for future Pickle eligibility

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

REASON-FOR-ISSUANCE

9055

- 01** Initial card for new eligible or Immediate Need eligible
02 BIC not received
BIC Replacement
21 Lost, Stolen, Mutilated, or Incorrect Card

RECV-REF

3049

Received From / Referred To Entity

- CO** County Welfare Department
CP Other County Medical programs
FS Food Stamps
HF Healthy Families
IN Individual
MB Medi-Cal Eligibility Branch, State of California
OP Other program not specifically identified
SL School Lunch Program

RECOVERY

2020

(a.k.a. Overpayment Recovery Indicator)

- Blank** No overpayment
1 CalWORKs overpayment
2 Food Stamp overpayment
3 CalWORKs and Food Stamp overpayment (system generated)

REF/ALIEN IND

2009

- A** Proven U.S. citizen
B Alleged U.S. citizen
C Conditional entrant admitted under INA section 203(a)(7)
D Deportation withheld admitted under INA section 243(h) or 241(b)(3)
E Amerasian refugee admitted under INA sec 207
* **F** Refugee admitted under INA sec 207 or 203(a)(7)
* **G** Parolee admitted under INA section 212(d)(5)
* **H** Silva vs. Levi alien
K Lawful permanent resident (LPR)
L Asylee admitted under INA section 208 but not Kurdish or Iraqi asylee
* **M** Residents of the Northern Mariana Islands
* **N** Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)
* **P** Pre-Jan 1, 1972 alien (presumed lawfully admitted for permanent residence)
* **Q** Alleged born in U.S., corroborated by a U.S. birthplace shown on online Numident
R Other refugee admitted under INA section 207 but not Amerasian or Indochinese refugee
S Other aliens (not a temporary visa holder)
T Alleged PRUCOL
U Undocumented alien
V Visitor / Student / VISA and other aliens with temporary documentation
W Parolee admitted under INA section 212(d)(5) with a period of parole over one year
X Indochinese refugee admitted under INA sec 207
Y Parolee admitted under INA section 212(d)(5) with a period of parole less than one year
Z Kurdish or Iraqi asylee admitted under INA section 208
*** **0** Other alien (not 1, 5, 7, 8, or 9)
*** **1** Indochinese refugee admitted under INA sec 207
5 Citizen child born to refugee parent(s)
*** **7** Other refugee
8 Cuban/Haitian entrant
*** **9** Aged alien (Medicare ineligible alien and not 1, 7, or 8)
* Federal (SDX) input only
*** Values obsolete 12/98

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

REL-TO-APP

3053

Relationship to Applicant

- 1** Applicant's child
- 2** Adult 2's child
- 3** Significant other
- 4** Ex-step parent
- A** Aunt/Uncle
- B** Step Child
- C** Child, common
- D** Son/Daughter-in-law
- E** Brother/Sister-in-law
- F** Foster Child
- G** Grandparent
- H** Dependent of a minor dependent
- I** Mother/Father-in-law
- J** Brother/Sister
- K** Grandchild
- L** Legal Guardianship
- M** Adoptive Child
- N** Niece/Nephew
- O** Other
- P** Parent
- Q** Cousin
- R** Collateral dependent
- S** Spouse
- T** Stepfather
- U** Unborn
- V** Stepmother
- W** Ward
- X** Ex-spouse
- Y** Yourself (i.e., Applicant)
- Z** Unknown

RESIDENCE ADDRESS FLAG

0303

- Y** Reported as a residence address
- N** Mailing address, may or may not be a residence address

RESIDENCE COUNTY

0176

- ❖ Identifies the county in which the client resides.
- ❖ Set when a residence address is reported and Finalist identifies a residence county OR when a county reports the residence county because it is different from the responsible county.
- ❖ Used for HCP enrollment decisions.
- ❖ See county code list for values (01 - 58); out of state residences will show '99' for the residence county.

RESTRICT

1229/9129

*1st and 2nd digits = Restricted Service Status
3rd digit of '1' = County Limited Inquiry Access
1st and 2nd digits of '0' with 3rd digit greater than '1' = Minor Consent*

- 000** Restriction or Limited Inquiry access removed
- 001** County confidential case - Limited inquiry access

Minor Consent Services related to: *(assigned by aid code)*

- 004** no longer in use
- 005 (aid 7P)** Sexually Transmitted Diseases, Sexual Assault, Drug and Alcohol Abuse, Family Planning, and Outpatient Mental Health
- 006 (aid 7R)** Sexual Assault and Family Planning
- 007 (aid 7M)** Sexually Transmitted Diseases, Sexual Assault, Drug and Alcohol Abuse, and Family Planning
- 008 (aid 7N)** Pregnancy and Family Planning

Service Restrictions

- 010/011** Prior authorization required for drugs
- 050/051** Prior authorization required for scheduled drugs
- 110/111** Prior authorization required for M.D. visits
- 120/121** Prior authorization required for M.D. visits and drugs
- 140/141** Prior authorization required for all services, except emergencies
- 150/151** Restricted to primary M.D. and prior authorization required for drugs
- 200/201** Prior authorization required for Dental visits
- 210/211** Prior authorization required for Dental visits and drugs
- 220/221** Prior authorization required for Physician visits and Dental visits
- 230/231** Prior authorization required for Physician visits, Dental visits, and drugs
- 240/241** Recipient is restricted to primary Physician with prior authorization required for drugs and Dental visits
- 600/601** For claims payment, BIC Id number and issue date required
- 900/901** Hospice services only
- 910/911** Hospice services overlaid previous S/URS restriction
- 920/921** Hospice services posted retroactively
- 930/931** Hospice services retroactively overlaid previous S/URS restriction
- 950/951** Long Term Care (LTC) restriction due to transfer of assets
- 960/961** Long Term Care restriction overlaid previous S/URS restriction

RESTRICT continued on next page

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

RESTRICT

1229/9129

(continued from previous page)

- 970/971** Medi-Cal ineligible due to non-cooperation in medical support enforcement
- 980/981** Medi-Cal ineligible due to non-cooperation in medical support enforcement overlaid previous S/URS restriction

RETRO (was PRE/POST CD)

9169

Three Month Retroactive Eligibility

- 0** Retroactive month(s)
- 1** 1st month prior
- 2** 2nd month prior
- 3** 3rd month prior
- 4** 1st and 2nd months prior
- 5** 1st and 3rd months prior
- 6** 2nd and 3rd months prior
- 7** 1st, 2nd and 3rd months prior

Numbers 1 through 7 identify which month(s) prior to the application date have the same eligibility as the effective month.

SEX (Gender)

0110

- F** Female
- M** Male
- U** Unborn
- N** Not known - Federal (SDX) input only – SDX record had sex code of 'U' meaning Unknown

SSN-VER

0106

- 0** SSN-Ver previously submitted to MEDS
- 1** SSN reported by client, not sight verified/no SSA referral
- 2** SSN application filed at SSA district office, confirmation received by county
- 3** SSN sight verified by county staff
- 5** SSN not sight verified, SSA referral initiated
- 6** No SSN, SSA referral initiated
- 7** No valid input on county or MEDS
- 8** SSN unattainable - undocumented person
- 9** SSN not reported by client, no SSA referral
- A** SSN validated via SSA referral
- B** SSN validated via SSA referral - birthdate discrepancy identified
- C** SSN validated via SSA referral - sex discrepancy identified
- D** SSN validated via SSA referral - sex and birthdate discrepancy identified
- J** SSN validated via state validation
- K** SSN validated via state validation - birthdate discrepancy identified
- L** SSN validated via state validation - sex discrepancy identified
- M** SSN validated via state validation - sex and birthdate discrepancy identified
- P** Previously validated - SSN changed by SSI/SSP update or by MEB
- Q** Previously validated - birthdate changed outside acceptable range
- R** Previously validated - SSN-Ver code changed by MB30 or EW03
- T** Unvalidated - SSN validated, not applied to MEDS due to a subsequent birthdate change
- U** SSA referral matched MEDS, reported new SSN, MEDS-ID change notice sent to county
- V** Unvalidated - SSA referral update failed, insufficient matching fields on MEDS
- W** Unvalidated per SSA - name matched, birthdate did not match
- X** Unvalidated per SSA - name matched, birthdate and sex did not match

MEDS Input Values

- Y** Unvalidated per SSA - name did not match, birthdate and sex not checked
- Z** Unvalidated per SSA - SSN not known to SSA's Numident file

Note: 7 and all alphas are MEDS generated

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

TERM REAS

0185

Note: # Indicates acceptable Edwards Term Reason (will terminate/prevent establishment of Edwards)

NOTE: The only Term Reasons consistently used by all counties are those preceded by a # or *.

- # 01 Discontinuance due to death
- # 03 Discontinuance at recipient request (MC only, CalWORKs/MC)
- # 04 Failure to cooperate (MC only)
- 05 Increased earnings of father
- 06 Increased earnings of mother
- 07 Increased earnings of child
- 08 Increased earnings of stepfather
- 09 Other increased earnings in home
- 17 Increased support - absent parent return
- 18 Increased support - remarriage of parent
- 19 Increased support - absent father
- # 20 Term Medi-Cal (allegation of disability)
- 21 Increased support - other outside source
- 22 Increased income from OASDI
- 23 Increased income from other Federal program
- 24 Increased income from Veterans benefits
- 27 Increased income - Unemployment/Disability Insurance
- 28 Increased income - other state/local program
- 29 Increased income - non-government program
- 32 Increased income from any other source
- 33 Increase in real property
- 34 Increase in personal property
- # 35 CalWORKs Term, MEDS eligibility reported under another MEDS-ID by county agency (i.e. Foster Care)
- 36 "Need" change: law or policy determination
- 37 Decrease in "need"
- # 38 Determined ineligible for Medi-Cal only
- 39 Financial reason not codes 36 or 37
- 40 Parent no longer incapacitated
- # 44 Resident of a public institution
- 45 Parent returned home or remarried
- 46 Change in law or agency policy
- 47 No longer eligible child in home
- # 48 Loss of legal residence
- 49 No Program Linkage-other than 38 and 40-48
- 50 Refused to comply - property utilities requirement
- 52 Refused to participate in GAIN program
- 53 Refused to seek work in program other than GAIN
- 54 Refused to accept work - EDD referral
- 55 Refused to accept work - other referral

- 56 Refused training/education (not GAIN)
- # 57 CalWORKs recipient has been transferred into the SSI program
- 58 CalWORKs recipient has transferred into another county-administered program
- 59 Other than 50-70
- 60 Refused to provide CA7 or Medi-Cal status report
- 61 Refused to provide essential information (non-CA7)
- 70 Refused to register with EDD
- * 83 CalWORKs - timed-out adult and family income ineligible
- # 89 Whereabouts unknown - Medi-Cal
- 93 CalWORKs - transferred to FG from U
- 94 CalWORKs - transferred to U from FG
- 95 CalWORKs - transferred to FC from FG or U
- 96 Transferred to another county
- 97 Discontinued at recipient request
- 98 Whereabouts unknown-other than Medi-Cal
- 99 Other than 01-98 above

Healthy Families reported Term Reasons

- H1 60 day retro HF disenrollment
- H2 Program generated HF disenrollment
- H3 Client requested HF disenrollment
- H4 Erroneous enrollment
- H5 Client shows Medi-Cal / Medicare
- H6 Deceased
- H7 Decrease in Income, no longer qualifies
- H8 False declarations
- H9 Requalification information not provided
- HA Annual eligibility review (AER) determined increase in income, no longer qualifies
- HB Annual eligibility review determined client covered under other health insurance
- HC Proof of citizenship
- HD Child link program requirements not met - other
- HE Child link program requirements not met due to child HF disenrollment
- HF Client shows Medi-Cal / Medicare at AER
- HG AER Requalification information not provided
- HH Decrease in Income, no longer qualifies at AER
- HJ Client requested HF disenrollment at AER
- HK Disenrollment due to non-payment of premium
- HL Client terminated as a result of Healthy Families Reconciliation

TERM-REAS continued on next page

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

TERM REAS (continued)

0185

MEB reported Term Reasons

- MB** State only Breast Cancer (time-limited)
MC State only Cervical Cancer (time-limited)

System Generated Term Reasons

- # **AA** Out of State Foster Care (per zip code)
A1 Application determined – IE/RR eligibility reported
A2 Application determined – Other Medi-Cal eligibility or IH/PCS eligibility reported
A3 Application determined – Healthy Families eligibility reported
A4 Application determined – Medi-Cal denial reported
A5 Application determined – Healthy Families denial reported
A6 Application Determined – Healthy Families Gateway terminated on Medi-Cal denial because no Healthy Families referral
CC CMSP companion without corresponding primary eligibility
C1 Death removed via EW03
D1 Death reported via returned card
D2 Death reported by MEB
D3 Death reported by Vital Statistics
D4 Death reported by SDX
D5 Death date reported by CWD
D6 Death reported on Buy-In update
D7 Death reported by Healthy Families
EE Exception eligibles
FF Terminated by state via a File Fix
IN Eligibility reported via Immediate Need trans
MA Accelerated BCCTP (time-limited)
M1 Terminated by MEB
M2 Death removed by MEB, no eligibility
M3 Gateway initial enrollment period
OA Residence outside of California
OB Moved out of state per Buy-In/BENDEX
OS Moved out of state per SDX
PP Pregnancy/FPL/Percentage program expired
RR On MEDS Not County – Recon termination
RT Recon Data Discrepancy – Closed period ESAC on Legacy trans – Recon Term Date/Reason used
SS/S Renewal terminated after 2 months hold
TT CMSP aid code/non-CMSP county
VV Pickle presumptive termination
WW Renewal terminated current aid code invalid
X1 Cessation of Disability - NOA type 23
X2 Cessation of Disability - NOA type CO
ZZ Terminated by MEDS – transitional exceeded maximum months
Z1 Gateway Deemed SOC (time-limited)

TERM REAS (continued)

0185

System Generated Hold Reasons

- B** Hold, questionable eligibility
J MEDS Hold due to rejected eligibility status update in the daily batch process
K Recon Hold – On MEDS, not on County
L Recon Hold – Key field discrepancy in County-ID or Birthdate
M Recon Hold – Critical eligibility errors on county transaction
N Recon Hold – Duplicate county records received

WELFARE-PGM *

0195

(a.k.a. Global Program Indicator)

MEDS current or history Welfare program(s) recipient eligible for:

- 001** Health Program without CalWORKs cash grant
003 Health Program and CalWORKs cash grant
004 Food Stamps only
005 Health Program and Food Stamps
007 Health Program, CalWORKs cash grant and Food Stamps

NOTE: Health Program may include **Medi-Cal**, **CMSP**, **Healthy Families**, **CCS**, **GHPP**, **BCCTP**, etc.

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

MEDS TRANSACTION CODES



Indicates a Function key is available for the transaction code

State and Federal and Other Transactions
















BE30	Bendex Update
BINQ	Buy-In Update Request
BI30	Buy-In Update Part B
BI31	Buy-In Update closed period
BI35	Buy-In Update Part A
BI37	Buy-In Update Medicare Status Code
BI60	Buy-In Exception Deletion Part B
BI65	Part A Accretion/Deletion
BR30	BRU SOC Certification for Individual
DP30	Returned Card/Deceased
GZ10	MEDS-ID Number Change (CCS/GHPP)
GZ11	MEDS Record Consolidation (CCS/GHPP)
GZ12	Update Client Information (CCS/GHPP)
GZ20	Add New CCS/GHPP Client
HF10	MEDS-ID Number Change (HF only recipient)
HF11	MEDS Record Consolidation (HF recipient)
HF12	Modify Client Information
HF18	Report New HF Application
HF20	Add New Client HF Eligibility
HF30	Modify/Terminate HF Eligibility
HF34	Modify Existing HF Application
HF40	HF Termination
MB11	MEDS Record Consolidation (MEB)
MB12	Modify Client Information (MEB)
MB13	Update NOA Information
MB30	MEB Update
MB55	SSI/SSP Modify/ID Card Request
MW20	Add New Client Eligibility (MEB)
MW34	Modify Application/Appeal Information (MEB)
MW40	Termination (MEB)
OC30	Modify OHC/ID Card Request (Health Insurance Section)
PE15	Report Immediate Need Accelerated Enrollment (AE) (Provider)
PE18	Report New Application (Provider)
PE20	Add New Client AE Eligibility (Provider)
PH30	Modify HCP Enrollment Record
PH40	HCP Disenrollment
RB30	Returned BIC
RB31	Returned BIC/Deceased
SD10	SDX Recipient MEDS-ID Number Change
SD20	SDX Recipient Add/Update
SD21	Extended Eligibility
SP20	Report HF Accelerated Enrollment
SS10	SSN Referral Update
SS30	SSN Validation Update
SU30	S/URS Status Change (Service Restrictions, i.e. hospice, restricted doctor visits, etc.)

Health Insurance Database Transactions

These transactions update the Health Insurance System (HIS) database

HI05	Chaining Update (MEDS generated)
HI10	MEDS-ID Change (MEDS generated)
HI30	OHC Code Change (MEDS generated)
HI35	Add/Modify Health Insurance Information
HI37	Add/Modify Health Insurance Information from batch sources (SSA, LEADER, ISAWS)
HI38	Add/Modify Healthy Families HIS Information
HI39	Add/Modify CCS/GHPP HIS Information
HI40	Casualty & Workers' Compensation Referrals
HI60	Add/Modify Carrier File Information
HI61	Add/Modify Carrier File Follow-Up Information

County Transactions

AP18	Report New Application
AP20	Report New Application (IEVS or batch)
AP22	Save Inquiry (IEVS or batch)
AP34	Modify Application/Appeal Information
EW03	Exception Correction Update
 EW05	Transfer County of Responsibility [F1]
 EW10	MEDS-ID Number Change [F2]
 EW11	MEDS Record Consolidation [F14]
 EW12	Update Client Information [F10]
 EW15	Report Immediate Need Eligibility [F3]
 EW20	Add New Client Record [F4]
 EW25	Modify - Whole Case [F5]
 EW30	Modify Current/Future (Individual) [F6]
 EW31	Modify History/Miscellaneous (Individual) [F18]
EW34	Modify Application/Appeal Information (now AP34)
 EW35	Termination or Hold - Whole Case [F7]
 EW40	Termination/Hold Status Change (Individual) [F8]
 EW45	Request Replacement ID Card [F9]
EW50	Eligibility Over 12 Months Prior
 EW55	SSI/SSP Modify/ID Card Request [F15]
EW60	Modify Pickle Status Information
FR20	Reconcile Food Stamp (batch only)
FX05	Transfer County of Responsibility (batch only)
FX10	MEDS-ID Number Change (Food Stamp Only Recipient)
 FX20	Add New Food Stamp Recipient Record [F16]
 FX30	Modify Food Stamp Record (Individual) [F17]
FX31	Modify Food Stamp Record (allows for ABAWD indicator removal)
FX40	Food Stamp Termination (batch only)
FX60	ABAWD Food Stamp 36-Month Calendar
HA20	Report New Homeless Client (HOME or batch)
RC20	Reconcile Non-Food Stamp (batch only)

MEDS NETWORK USER MANUAL


Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

MEDS Generated Reconciliation Trans

FR12	Update Client Information – Food Stamp
FR20	Add Food Stamp Eligibility
FR25	Update Case Information – Food Stamp
FR40	Terminate Food Stamp Eligibility
MR20	Extract MEDS/CDB Record
RC12	Update Client Information – Non-Food Stamp
RC20	Add/Modify Non-Food Stamp Eligibility
RC25	Update Case Information – Non-Food Stamp
RC40	Hold/Terminate Non-Food Stamp Eligibility








Other Transactions

F13 is a 'HELP' key in many of these applications

ACEM	Assistance to Children in Emergency (ACE)
HIAR	Health Insurance Action Request Menu
HOME	Homeless Program Main Menu
 IEVS	Income and Eligibility Verification System [F19]
SOCO	Share of Cost Obligation
TRAC	TRAC Information System Main Menu (Production)
TRAT	TRAC Information System Main Menu (Training)


Inquiry Transactions

F13 is a 'HELP' key in many of these applications

HEMI	Health Access Programs Inquiry Menu
HOLD	Request for Hold Worker Alert Inquiry
IAPP	Application Tracking Inquiry Menu
 INQN	Statewide Inquiry for File Clearance [F22]
 INQR	Client Inquiry Request [F12] <i>see list of options in next box</i>
 INQW	Whole Case Inquiry Request [F23]
 INWA	Request for Online Worker Alert Inquiry [F20]
 INXR	Cross Reference File Inquiry Request [F21] <i>Screens available within INXR:</i>
B	BIC-ID (Card) Xrefs
C	County-ID Xrefs
H	HIC-NO Xrefs
M	MEDS-ID Previously Used
N	Name Xrefs
X	Client Index Number (CIN) Xrefs
INXT	Immediate Need County-ID Xref Inquiry
 MENU	Inquiry Request Menu [F24] <i>Menu Inquiry Options Include</i>
R	INQR Recipient Record [F12]
N	INQN Name List [F22]
C	INCI Name List (now INQN)
W	INQW Whole Case List [F23]
X	INXR Cross Reference File [F21]
S	SOCR SOC Case Makeup
T	INXT Immediate Need County-ID Xref
K	IAPP Application Tracking Inq Menu
A	INWA Online Worker Alerts [F20]
H	HOLD Worker Alerts for 'HOLD' records
I	IEVS Income/Eligibility Menu [F19]
O	HOME Homeless Assistance Pgm Menu
V	HIAR Health Insurance System Menu
G	HEMI Health Access Programs Menu
Y	TRAC TRAC Info System Menu (Prod)
Z	TRAT TRAC Info System Menu (Train)
M	MOPI Provider Elig Ver Response-POS
 MOPI	MEDS Online POS Inquiry [F11]
SOCR	Share of Cost Case Make-up Inquiry Request

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

	INQR	Client Inquiry Request [F12]
	INQS	Client Inquiry Summary <i>The summary screen is presented for each MEDS-ID selected for detail screens and lists only those screens with information present, however all screens are accessible.</i>
		<i>Detail MEDS screens available within INQS:</i>
	QA	Address Information
	QB	Buy-In and BENDEX
	QC	Other Health Coverage
	QD	Change Dates and Auth Rep Information
	QE	Other Client Eligibility Information
	QF	Food Stamp
	QG	Food Stamp ABAWD Calendar
	QH	Health Care Plans 1 through 3
	QI	Health Care Plans 4 and 5
	QJ	Health Care Plans -- 13-15 months prior
	QK	Health Care Plans Capitation Information
	QL	Notice of Action (NOA) Information
	QM	Medi-Cal/CMSP - Primary
	QP	Pending/Denied Applications & Appeals
	QQ	Transaction History Info
	QT	BENDEX Title II Information
	QX	Title XVI - SSI/SSP
	Q1	Medi-Cal/CMSP - Special Program 1
	Q2	Medi-Cal/CMSP - Special Program 2
	Q3	Medi-Cal/CMSP - Special Program 3
	Q4	Medi-Cal/CMSP - Pending
	Q5	Medi-Cal/CMSP - Future Pending
	Q6	Medi-Cal/CMSP - 13-15 Months Prior
	Q7	Eligibility by Month (all eligibility for one month, default is current MEDS MOE, can select from future pending to 36 months prior)
	Q8	Food Stamp History (curr & 36 months prior)

MEDS Inquiry Screen Program Line Information

The eligibility inquiry screens seen from INQR (QM, Q1, Q2, Q3, etc.) have a line near the middle of the screen showing the status of the eligibility in the various segments.

Programs:

M	Primary Medi-Cal/CMSP	(QM)
1	Special Program 1	(Q1)
2	Special Program 2	(Q2)
3	Special Program 3	(Q3)
FS	Food Stamp	(QF)
CW	CalWORKs	

Status:

(the presence of the value indicates information is available)

C	Current	
P	Pending	(Q4)
F	Future Pending	(Q5)
H	History	

Special Program Segment Types:

	ACCEL	Accelerated Enrollment
**	APPLCN	Application
	BCCTP	Breast and Cervical Cancer Treatment Program
**	CCSGHP	California Children Services / Genetically Handicapped Persons Program
	CHDP	Child Health Disability & Prevention Program
	CHILD	Children Programs
	CMSP	County Medical Services Program
	DI/TPN	Dialysis/TPN
	GR/CAP	General Relief/Cash Assistance Program for Immigrants
	HFAMILY	Healthy Families
**	IE/RR	Ineligible/Responsible Relative
	IH/PCS	In Home Supportive Services / Personal Care Services Program
	MEDICR	Medicare (QMB, SLMB, QDWI)
	TB	Tuberculosis

** Note: these segment types are used during transaction processing only.

IMPORTANT PHONE NUMBERS**** NOT TO BE GIVEN OUT TO THE PUBLIC ******MEDS CONTROL DESK (DATA GUIDANCE)****Contact the ITSD Help desk (see below)**

Use this number if there is a problem or question concerning the printing of reports such as Worker Alerts, SAVE, IEVS, or MEDS broadcast messages.

MEDS/IEVS/PROFS/Internet HOTLINE**Call the ITSD Help desk at****(916) 440-7000****(800) 579-0874**

Use this number if there is a problem or question concerning MEDS processing, missing cards or when instructed by a MEDS error message.

HHSDC TP HELP DESK**(916) 739-7640**

Use this number if there is a problem or question concerning MEDS or CDB equipment, i.e. terminal won't work, printer won't print, etc.

MEDS SECURITY COORDINATOR**Contact the ITSD Help Desk (see above)**

Use this number for MEDS security or for problems with passwords, unable to signon, MEDS 41 questions, MEDS print alignment, etc.

HOSPICE REMOVAL**(916) 552-9200** ask for HOSPICE CLERK

If no return call, the Hospice Supervisor is Jan Lewis (916) 552-9465.

WDTIP Help Desk**(877) 365-7378****Fax (916) 229-3385**

Use this number if there is a problem or question concerning the TRAC or TRAT applications.

BCCTP**(800) 824-0088****CMS Help Desk****(916) 327-2378****Case Data Help Desk****(916) 608-3500****CalWIN Solutions Support (help desk)****(866) 422-5946 (aka 866-4-CALWIN)****ISAWS Help Desk****(800) 487-7297 (aka 800-487-SAWS)****LEADER Help Desk****(562) 623-2008****Ombudsman – Dept of Mental Health****☎ (800) 896-4042****Ombudsman – Managed Care****☎ (888) 452-8609**

Use this number if there is a problem or question concerning medical Managed Care enrollment or disenrollment.

WIC**☎ (800) 828-0621****Healthy Families****e-mail address: HFBMEDS@maximus.com****☎ (916) 673-4602**

Healthy Families questions should be directed to the email address shown above.

SPE Liaison**e-mail address: SPELiaisons@maximus.com****☎ (916) 673-4602**

Single Point of Entry (SPE) questions should be directed to the email address or phone number shown above.

TPL (Third Party Liability Branch)**Buy-In****☎ (866) 227-9863**

Use this number if there is a problem or question concerning Buy-In.

Other Health Coverage (OHC)**Fax (916) 650-6582**

Use this fax number for DHS6155 requests.

e-mail address: wats@dhs.ca.gov

MEDS NETWORK USER MANUAL

Appendices / Appendix D Quick Reference Guides / MEDS Quick Reference Guide

COUNTY MEDS PROGRAM STATUS

	<u>COUNTY</u>	<u>SYSTEM</u>	<u>CMSP</u>	<u>CCS</u>
01	ALAMEDA	CalWIN 12/05		
02	ALPINE	ISAWS 09/96	Yes	Yes
03	AMADOR	ISAWS 06/97	Yes	Yes
04	BUTTE	ISAWS 04/95	Yes	Yes
05	CALAVERAS	ISAWS 01/97	Yes	Yes
06	COLUSA	ISAWS	Yes	Yes
07	CONTRA COSTA	CalWIN 08/05		Yes
08	DEL NORTE	ISAWS 01/97	Yes	Yes
09	EL DORADO	ISAWS 06/97	Yes	Yes
10	FRESNO	CalWIN 07/06		Yes
11	GLENN	ISAWS	Yes	Yes
12	HUMBOLDT	ISAWS 01/97	Yes	Yes
13	IMPERIAL	ISAWS 06/97	Yes	Yes
14	INYO	ISAWS 09/96	Yes	Yes
15	KERN	ISAWS 12/94		Yes
16	KINGS	ISAWS 01/95	Yes	Yes
17	LAKE	ISAWS 11/97	Yes	Yes
18	LASSEN	ISAWS 12/94	Yes	Yes
19	LOS ANGELES	LEADER & Other		
20	MADERA	ISAWS 01/95	Yes	Yes
21	MARIN	ISAWS 07/95	Yes	Yes
22	MARIPOSA	ISAWS 01/97	Yes	Yes
23	MENDOCINO	ISAWS	Yes	Yes
24	MERCED	C-IV 04/04		Yes
25	MODOC	ISAWS 01/98	Yes	Yes
26	MONO	ISAWS 09/96	Yes	Yes
27	MONTEREY	ISAWS 06/97		Yes
28	NAPA	ISAWS	Yes	Yes
29	NEVADA	ISAWS 11/97	Yes	Yes
30	ORANGE	CalWIN 02/06		
31	PLACER	CalWIN 01/05		Yes
32	PLUMAS	ISAWS 12/94	Yes	Yes
33	RIVERSIDE	C-IV 08/04		Yes
34	SACRAMENTO	CalWIN 03/05		
35	SAN BENITO	ISAWS 06/97	Yes	Yes
36	SAN BERNARDINO	C-IV 10/04		Yes
37	SAN DIEGO	CalWIN 06/06		
38	SAN FRANCISCO	CalWIN 11/05		Yes
39	SAN JOAQUIN	ISAWS		Yes
40	SAN LUIS OBISPO	CalWIN 05/06		Yes
41	SAN MATEO	CalWIN 10/05		
42	SANTA BARBARA	CalWIN 03/06		Yes
43	SANTA CLARA	CalWIN 06/05		Yes
44	SANTA CRUZ	CalWIN 05/05		Yes
45	SHASTA	ISAWS 04/95	Yes	Yes
46	SIERRA	ISAWS 11/97	Yes	Yes
47	SISKIYOU	ISAWS 01/98	Yes	Yes
48	SOLANO	CalWIN 07/05	Yes	Yes
49	SONOMA	CalWIN 09/05	Yes	Yes
50	STANISLAUS	C-IV 04/04		Yes
51	SUTTER	ISAWS 01/98	Yes	Yes
52	TEHAMA	ISAWS 02/95	Yes	Yes
53	TRINITY	ISAWS 01/98	Yes	Yes
54	TULARE	CalWIN 01/06		Yes
55	TUOLUMNE	ISAWS 01/97	Yes	Yes
56	VENTURA	CalWIN 04/06		Yes
57	YOLO	CalWIN 05/05		Yes
58	YUBA	ISAWS 04/95	Yes	Yes

Note: CMSP Counties are counties that have contracted with the state to process County Medical Programs thru MEDS.

Note: CCS Counties are counties that report California Children Services clients to the state CMSNET system.